Dear patient,
please fill out this form when you register for the first time - please use block letters!
It will make our work much easier. Thank you!

Name ____________________________________ First name _____________________ Date of birth _________________

Street __________________ Postcode/ City __________ Phone Private _______________ Business. __________________

Occupation ___________________ Tel. mobile ____________________ E-mail ____________________________________

Statutory health insurance: _________________________________ 0 Compulsory / 0 Voluntary insurance?

Privately insured: yes / no? Insurance: _______________ 0 with / 0 without "Beihilfe"?

Mainly insured person ____ Date of birth _________________________

Family doctor ____________________ Address _____________________________________ Tel_____________________

Marital status: single / married / married / related?

Height _________________ Weight ______________

Operations (which / when?): ____

Serious deseases (which / when?) ____

Prostate infections: yes / no? when? __________________________ treatment with antibiotics? _____________________

Actual medication: ____

Family history? Colorectal cancer / prostate cancer / osteoporosis / thrombosis / heart attack / stroke / diabetes /______

Allergies? ___________________________________ Cigarettes yes / no? How many per day?__________________

Last visit to urologist? _________________________ Doctor's letter? (Please bring with you!)

Last visit to family doctor/general practitioner? ______________________________ report? (please bring it with you!)

How did you find my practice? O recommendation O JAMEDA O Google O Partner O Other: __________

I agree that you inform me about control examinations or innovations in the field of prevention. Yes / No

According to a ruling of the Federal Court of Justice, your consent is required when your treatment records are passed on to medical practice representatives or successors.

I agree to this disclosure. Yes / No

Munich, the __________________________ Signature: ______________________________________

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